

**Written Testimony for the  
Appropriations Committee, Subcommittee on Health and Hospitals  
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Before coming to Connecticut, I trained in an MD/PhD program, and while there, I helped to found a free mental health clinic. I loved going between the lab, where I studied basic mechanisms of brain development, and the clinic, where I met people with a variety of different stories and life experiences, and tried to help with their distress. I began to imagine a very exciting future in academic medicine and patient care. When I began to look around the country at psychiatry training programs, I found some programs that emphasized taking care of the public and others that emphasized research that could improve treatment. But Yale, through its collaboration with the State of Connecticut at the CMHC, was one of only a very few programs with world class researchers embedded within a public psychiatry treatment center.

But this is all sort of abstract, so I thought I'd tell you about this past Monday. I started the day working with a team of schizophrenia researchers to learn a technique to test a new way of understanding schizophrenia using the drug ketamine and MRI scans. In the late morning, I walked down to first floor and checked in with the team who see acutely distressed people who walk into the center from the community for care. We discussed our evolving relationships with several of the patients, and brainstormed ideas about how to best adjust treatment. The social workers told me about having accompanied one of our patients to appointments where she learned of her cancer diagnosis – these are staff who think it's obvious that they would go the extra mile to be there for their patients, and working among them in training has made me more the kind of clinician I would want to treat my loved ones. Later in the afternoon, I continued thinking about social support with my laboratory mentor as we discussed my new research project. I will test the way that brain and body interact to help people learn about others in social situations, and how this may differ in mental illness.

In an ideal world, there would be more places like the CMHC where clinicians provide great care and yet are unsatisfied by the times that the best available care doesn't help. That combination of compassion and dissatisfaction is what will drive discovery of better treatments and will attract the best young psychiatrists and researchers to Connecticut to continue this important tradition. Without steady funding of the integrated research and clinical enterprise, not only will patient care suffer this year, but we will lose the people and programs we need to support care of some of the most vulnerable Connecticut residents into the future. Please reject the proposal to cut funding to the Connecticut Mental Health Center.